MDR: M4-03-9202-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3/24/03.

I. DISPUTE

Whether there should be reimbursement for assistant surgeon fees 63047-80, 63048-80, 22630 51-80, 22625-80, 22650-80, 22842-80 and 20975-80 for surgery performed 12/10/02 and denied by the carrier as not meeting fee guidelines.

II. RATIONALE

According to the operative report dated 12/10/02, the report indicates surgeon ____ was

| assisted by requestor | during this procedure. | The report indicates | that surgery |
|---|-----------------------------|-------------------------|-------------------------|
| occurred from 9:05 a.m. thro | ough 11:55 a.m. for 2 hou | rs and 50 minutes. The | ne operative report is |
| not specific about whether or | r not the assistant surgeon | n was necessary to ass | ist in the surgery, but |
| the 1996 Medical Fee Guide | line identifies modifier – | 80 as " Documentat | tion on the operating |
| room record shall indicate th | e amount of time spent b | y the assistant surgeon | n in the operative |
| session and the need for the assistant surgeon. Documentation shall substantiate the attendance | | | |
| of the assistant surgeon 70% | of the time during the pe | erformance of one ope | rative session" |
| | | | |
| The operative report indicate | es that was present du | uring surgery from 9:0 | 00 a.m. |
| through 10:20 and again from | n 11:25 through 11:50 an | n for a total of 105 mi | nutes in surgery. Per |
| the MFG, the assistant surge | on must be present for 70 | % of the surgery, wh | ich is 119 minutes. |
| Therefore, reimbursement is | not due as the need for the | ne assistant surgeon is | not stated in the |
| operative report and the requ | estor did not meet the mi | nimum amount of tin | ne necessary in |
| surgery. On this basis, reimb | oursement is not recomm | ended. | |

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for assistant surgeon fees 63047 80, 63048 80, 22630-51-80, 22625-80, 22650-80, 22842-80 and 20975-80.

The above Findings and Decision are hereby issued this <u>04th</u> day of <u>March</u> 2004.

Noel L. Beavers Medical Dispute Resolution Officer Medical Review Division

NLB/nlb